



A GUIDE TO SRHR DONOR COUNTRY FUNDING

SRHR FUNDING ATLAS 2022

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The European Parliamentary Forum for Sexual and
Reproductive Rights (EPF) is a network of parliamentarians
from across Europe who are committed to protecting the
sexual and reproductive health of all people, both at home
and overseas.

We believe that women should always have the right to
decide upon the number of children they wish to have,
and should never be denied the education or other means
to achieve this that they are entitled to.

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INTRODUCTION



Hon. Petra Bayr, MP,
EPF President



Neil Datta,
Executive Director

We are pleased to present the first edition of EPF's Sexual and Reproductive Health and Rights Funding Atlas. This Atlas presents in an accessible format the most recent data on how the world's most affluent countries are performing in meeting their commitments to provide funding for sexual and reproductive health and rights (SRHR) programmes in the world's Low and Middle Income Countries (LMICs).

A few key aspects of this Atlas include:

- It provides the most recent and comparable data on donor countries spending on SRHR programmes around the world through both multilateral and bilateral development cooperation. This data comes from databases of the Development Assistance Committee of the Organisation for Economic Cooperation and Development (OECD-DAC) and have been processed using a methodology which was first published by the Lancet Global Health in 2020,¹ and which provides for a standardised manner to assess each donor country's actual effort in SRHR development aid spending. Readers will find the same data in the Donors Delivering for SRHR Report, published jointly between EPF and DSW, which provides an even more in-depth analysis of SRHR development aid funding trends.
- The data presented thus originated from donor country governments themselves, aggregated and verified within the OECD-DAC, and processed through an internationally recognised and authoritative methodological framework to track development aid on SRHR. The Atlas should thus provide a useful tool to ensure increased funding for bilateral and multilateral aid, for example to UNFPA, which often remains hidden in other forms of development aid reporting.

- Using this SRHR funding data, we then contrast that actual performance of donor countries with their stated commitments to SRHR funding. Donor countries made these commitments at several fora including the Family Planning Summits of 2012 and 2017, the ICPD at 25 Summit of Nairobi in 2019 and most recently at the Generation Equality Summit of 2021. Most importantly, we look at how each donor country performs in relation to allocation 10% of development aid to SRHR which is a political commitment from parliamentarians from all political parties and from all countries around the world originating at the International Parliamentarians' Conference on Implementing the ICPD Programme of Action (IPCI/ICPD) first agreed 20 years ago in 2002 and reaffirmed regularly since, most recently in 2018.
- This Atlas provides extensive contextual background and historical information. This allows the reader to understand the long history of funding for sexual and reproductive health and rights, provides key facts about the persisting unmet need, and how this compares with spending in other areas.

Altogether, we see that while there has been progress in increasing funding for SRHR, there is still much that remains to be done. Moreover, as the Atlas demonstrates, what needs to be done is entirely achievable if we are able to muster the political support. If we, as an international community, were to meet our commitments in relation to SRHR funding, we could be able to deliver on the Nairobi Commitments of having zero unmet need for family planning, we would be close to having zero preventable maternal deaths and achieving zero sexual and gender-based violence and harmful traditional practices against women and girls. These commitments should unite us all to redouble our efforts to increase funding for SRHR.

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LIST OF ABBREVIATIONS

BMFG

Bill and Melinda Gates Foundation

DAC

Development Assistance Committee

EPF

*European Parliamentary Forum
for Sexual and Reproductive Rights*

EU

European Union

FP

Family Planning

GAVI

The Vaccine Alliance

GFF

Global Financing Facility

GGR

Global Gag Rule

GNI

Gross National Income

HIV/AIDS

*Human Immunodeficiency Virus Infection
and Acquired Immune Deficiency Syndrome*

ICPD

*International Conference
on Population and Development*

IPCI

*International Parliamentarians Conference
on the Implementation of the ICPD Programme of Action*

LMICs

Low- and Middle-Income Countries

IPPF

International Planned Parenthood Federation

LDC

Least Developed Countries

ODA

Official Development Assistance

OECD

Organisation for Economic Co-operation and Development

OECD-DAC

OECD Development Assistance Committee

RH

Reproductive Health

RMNCAH

*Reproductive, Maternal Newborn,
Child and Adolescent Health*

SDGs

Sustainable Development Goals

SRHR

Sexual and Reproductive Health and Rights

UHC

Universal Health Coverage

UK

United Kingdom of Great Britain and Northern Ireland

UN

United Nations

UNFPA

United Nations Population Fund

USA

United States of America

USD

United States Dollars

WHO

World Health Organization

NAIROBI STATEMENT*



From 12-14 November 2019, a high-level conference was convened by over 8,300 people representing governments, civil society, private institutions, academia and community leaders from 172 countries and territories, to commemorate the 25th anniversary of the International Conference on Population and Development (ICPD) in Cairo, Egypt in 1994. To provide a way forward that would see the SDGs realised by 2030, the Nairobi Statement was made. Importantly, this Statement is formulated around three key goals:

**ZERO UNMET NEED FOR FAMILY
PLANNING AND INFORMATION
AND SERVICES**

.....

ZERO PREVENTABLE MATERNAL DEATHS

.....

**ZERO SEXUAL AND GENDER-BASED
VIOLENCE AND HARMFUL PRACTICES
AGAINST WOMEN AND GIRLS**

* That was formulated at the Nairobi Summit on ICPD25 in 2019 where those present committed to the following.

WHY IS INTERNATIONAL FUNDING NEEDED?

HOW?

The **basis of SRHR funding** can be tackled via a three-prong approach: **health, development, and human rights**. Each approach offers critical insights into not only **why donor countries are obliged to contribute** to the SRHR in low- and middle-income countries but also **how this can be done**. In other words, health, development and human rights demonstrate the three ways donor countries can substantiate their commitments to the realisation of SRHR.

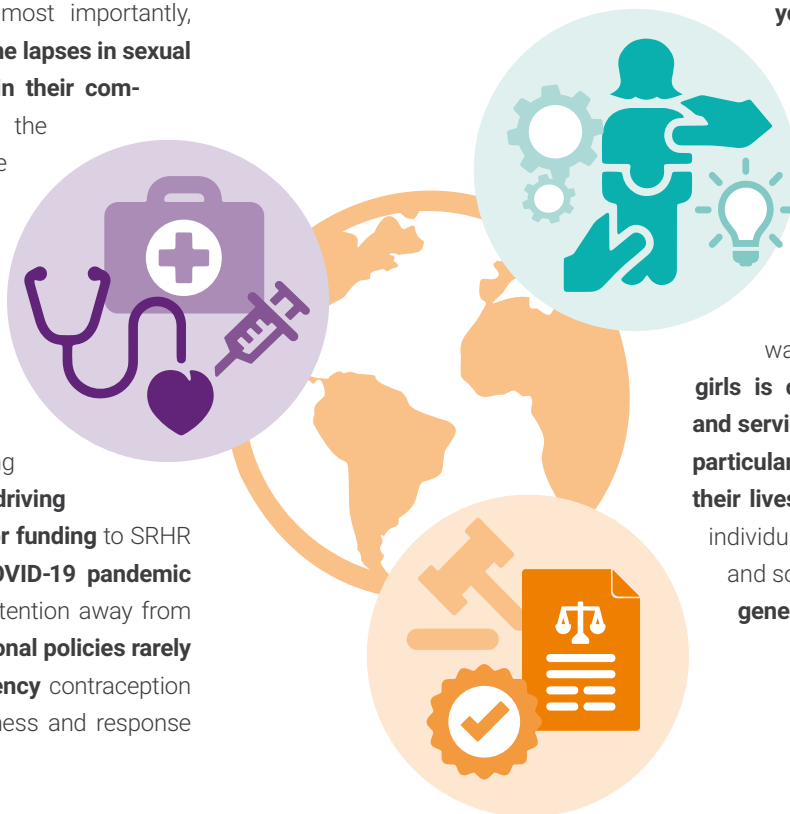
2. DEVELOPMENT

SRHR are drivers for development. **Individuals who cannot make informed choices nor maintain good health and safety in their sexual and reproductive life, are less likely to have access to education and work,**⁴ as well as have more **difficulties in participating** in the development of their **family and community**. Similarly, it is **crucial to secure budgets which fund access to contraception for young girls**. Correspondingly,

access also entails complementary services such as: education and information; training of service providers; the adjustment of services; and communication within communities. In this way, **working with adolescent girls is critical**, as the **information and services they can benefit from is particularly important at this point in their lives**. Investing in SRHR allows individuals, families, communities, and societies to **break the cycle of generational poverty**.

1. HEALTH

The most evident example of why **SRHR requires a greater amount of donor funding** is that **women and girls** are still dramatically – and most importantly, **negatively – affected by the lapses in sexual and reproductive health in their communities**. According to the Alan Guttmacher Institute and UNFPA, **‘sexual and reproductive ill health accounts for one-third of the global burden of disease among women of reproductive age and one-fifth of the burden of disease among the population overall’**.² A **driving factor for increasing donor funding to SRHR** is the impact that **the COVID-19 pandemic** has played on diverting attention away from SRHR,³ particularly as **national policies rarely include access to emergency contraception** in their disaster preparedness and response programmes.

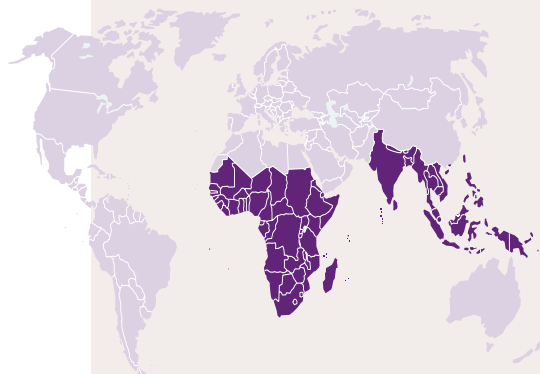


3. HUMAN RIGHTS

Both access to **UHC and gender equality** are two overlapping human rights components of SRHR. First, the **SDGs explicitly refer to SRHR as an integral part of attaining UHC for all**. This inclusion is particularly important as the **principle aim of the UHC** is to ‘leave no one behind’.⁵ Second, **the right to respect for bodily autonomy** encompasses SRHR.⁶ The **ability to control one’s reproductive and sexual choices** is a **fundamental component of SRHR**.

“**Sexual and reproductive rights are fundamental human rights.**”⁷

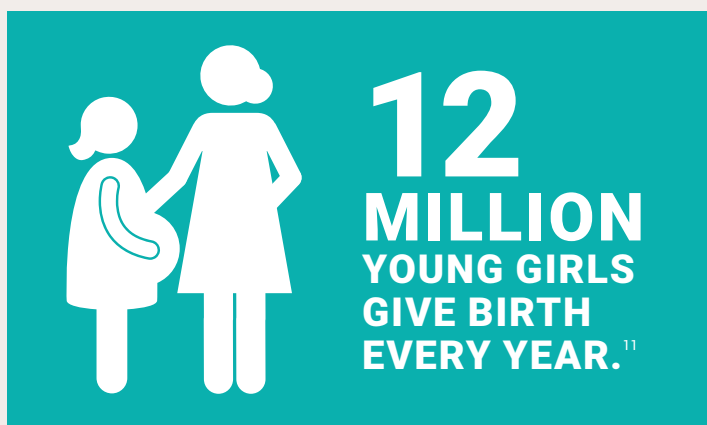
14 REASONS WHY?



- **295 000 WOMEN WORLDWIDE**
- **DIE ANNUALLY** from
- **PREVENTABLE MATERNAL**
- **CAUSES.**⁸

- Two regions, **SUB-SAHARAN AFRICA** and **SOUTH ASIA**,
- **ACCOUNT FOR 86%**
- of maternal deaths worldwide.⁹

94%
of **ALL MATERNAL DEATHS** occur
in **LMICs.**¹⁰



Of the estimated **342,000 DEATHS FROM CERVICAL CANCER** in 2020, about **90% OF THESE OCCUR IN LOW- AND MIDDLE-INCOME COUNTRIES.**¹³



As a result of **THE COVID-19 PANDEMIC**, an estimated **12 MILLION WOMEN** may have been **UNABLE TO ACCESS FAMILY PLANNING SERVICES** due to the **DISRUPTION OF SUPPLIES** and services lasting an average of 3.6 months.²⁰

CONTRACEPTIVE USE IS **BELOW 25%**
IN CENTRAL AND WESTERN AFRICA.¹⁴



23 MILLION GIRLS aged 15-19 in **LOW- OR MIDDLE-INCOME COUNTRIES** have **AN UNMET NEED FOR CONTRACEPTION.**¹⁵



Even though **ADOLESCENT GIRLS** have significant needs, they **ARE SYSTEMATICALLY UNDERREPRESENTED IN ATTENDANCE AT HEALTH FACILITIES** and are **OFTEN LEFT OUT OF** health and **FAMILY PLANNING PROGRAMMES**.¹⁶



As of 2020, **AN ESTIMATED 885 MILLION WOMEN IN LMICs WANT TO PREVENT A PREGNANCY**. Approximately **214 MILLION OF THESE WOMEN** have an **UNMET NEED FOR CONTRACEPTION**.¹⁷



AROUND 45% OF ALL ABORTIONS ARE UNSAFE, of which **97% take place IN DEVELOPING COUNTRIES**.¹⁸



PREGNANCY OR CHILDBIRTH-RELATED COMPLICATIONS are the **LEADING CAUSE OF DEATH** for young girls.¹⁹



At the **NAIROBI SUMMIT** in 2019, **DONOR COUNTRIES 'PLEGGED AROUND USD 1 BILLION' TO SRH** and gender equality programmes.

Thanks to international funding the **ADOLESCENT BIRTH RATE HAS FALLEN WORLDWIDE** from 56 births per 1,000 adolescents aged 15-19 years in 2000 **TO** 45 births in 2015 and **41 BIRTHS IN 2020**.¹²



IF ALL WOMEN IN LMICs could have their **NEED FOR CONTRACEPTIVES MET, MATERNAL DEATHS** would be **REDUCED** by **MORE THAN HALF**.²¹

EVOLUTION OF INTERNATIONAL SUPPORT FOR SRHR

IMPORTANT MILESTONES

The **ICPD** and **SDGs** both **link SRH to the human rights of individuals and couples to decide** on the number, spacing and timing of their children and being free to make reproductive choices without fear of discrimination, coercion or violence.



Fourth World Conference on Women (Beijing)

Creation of the Platform for Action which calls for the integration of gender perspectives in all policies and programmes, including the protection and promotion of rights of women and girls as integral to universal human rights.



Summit (London)

Launch of FP 2020 and the ambitious goal of empowering the voluntary use of modern contraception by 120 million additional women and girls in the world's lowest-income countries by 2020.²²

First World Conference on Population (Bucharest)



International Conference on Population and Development ICPD '94



1974

1984

1993

1994

1995

2001

2009

2012



• Second World Conference on Population (Mexico City)

• **Announcement** of the 'Global Gag Rule' from the USA.

The 'Global Gag Rule' rescinded by President Clinton.

ICPD (Cairo)
For the first time, global consensus on women and girls being central to development. Also, a paradigm shift away from demographic targets and looking to human rights aims.

• **Millennium Development Goals**
8 goals providing a global blueprint on human rights, including maternal health, HIV/AIDS, and gender equality, to be achieved by 2015.

• President George W. Bush **reimposed** the 'Global Gag Rule'.

2002

IPCI (Ottawa)

Global MP consensus on reallocating 10% of ODA to SRHR related issues.

President Obama **rescinds** the 'Global Gag Rule'.

FUNDING THE FUTURE

Expectation by 2030 – fulfilment of SDGs: There is less than a decade until the 2030 endpoint for the SDGs, **where all women and girls are expected to have full bodily autonomy**. With this in mind, **donor countries need to adopt a renewed focus on increasing funding** from donor countries into SHRH programmes and initiatives.

Sustainable Development Goals

17 goals, specifically Goals 3 and 5. Target indicator 3.7 aims by 2030, to have ensured 'universal access to sexual and reproductive health-care services, including for FP, information and education, and the integration of RH into national strategies and programmes.

Gender Equality Forum

(Mexico and Paris)

Launch of a 5-year action journey to achieve irreversible progress towards gender equality, founded on a series of concrete, ambitious and transformative actions, including USD 40 billion in financial commitments.



2015



2017

The 'Global Gag Rule' was reinstated and expanded upon.

2019

• Nairobi Summit ICPD+25

Donor countries pledged approximately USD 1 billion in support of SRHR + some USD 8 billion in combined new pledges were announced to achieve zero preventable maternal deaths, zero unmet need for FP, and zero gender-based violence and harmful practices by 2030. Creation of FP 2030.

• The 'Global Gag Rule' was expanded again.

2021

The 'Global Gag Rule' is rescinded by President Biden.

2030

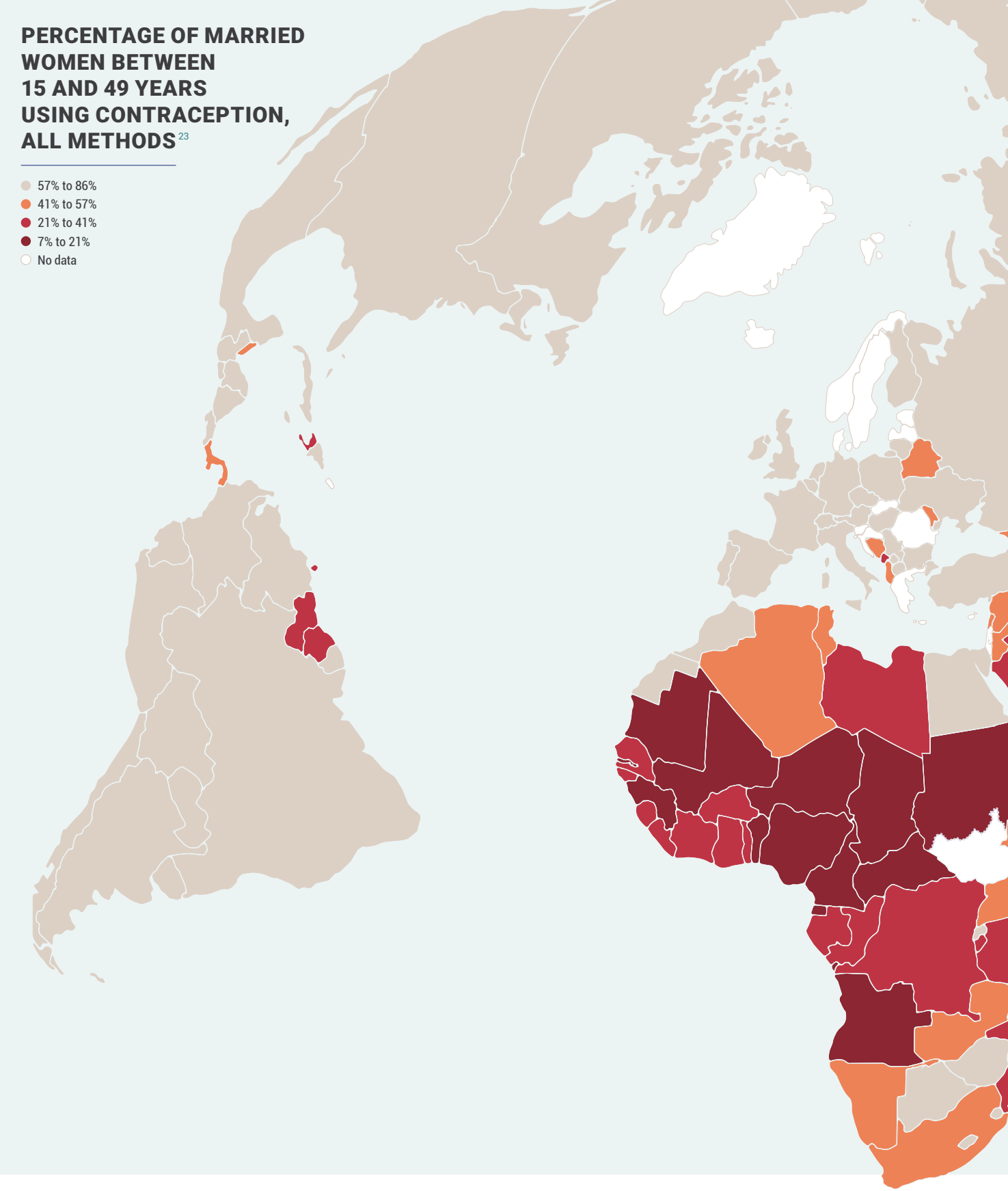
FP 2030 and SDGs: Deadline.



In memoriam Dr. Nafis Sadik, Former Executive Director UNFPA

Dr. Nafis Sadik was the Executive Director of UNFPA from 1987 to 2000 and passed away in 2022 at the age of 92. Dr. Sadik headed UNFPA at a crucial time, namely at the 1994 International Conference on Population and Development which took place in Cairo, Egypt which resulted in an ambitious Programme of Action adopted by 179 countries representing a 'paradigm shift' away from demographic targets to a human rights centred approach. Born in Pakistan and trained as an obstetrician, Dr. Sadik joined UNFPA in 1971 and famously declared at the ICPD Conference in Cairo in 1994 that 'Healthy families are created by choice, not by chance'. Her leadership as UNFPA Executive Director ensured that the international community was able to make progress in recognising the human right of everyone to have control of their own destiny even as this was challenged by conservative forces such as the Vatican and US Republican Administrations.

UNMET NEED FOR CONTRACEPTION





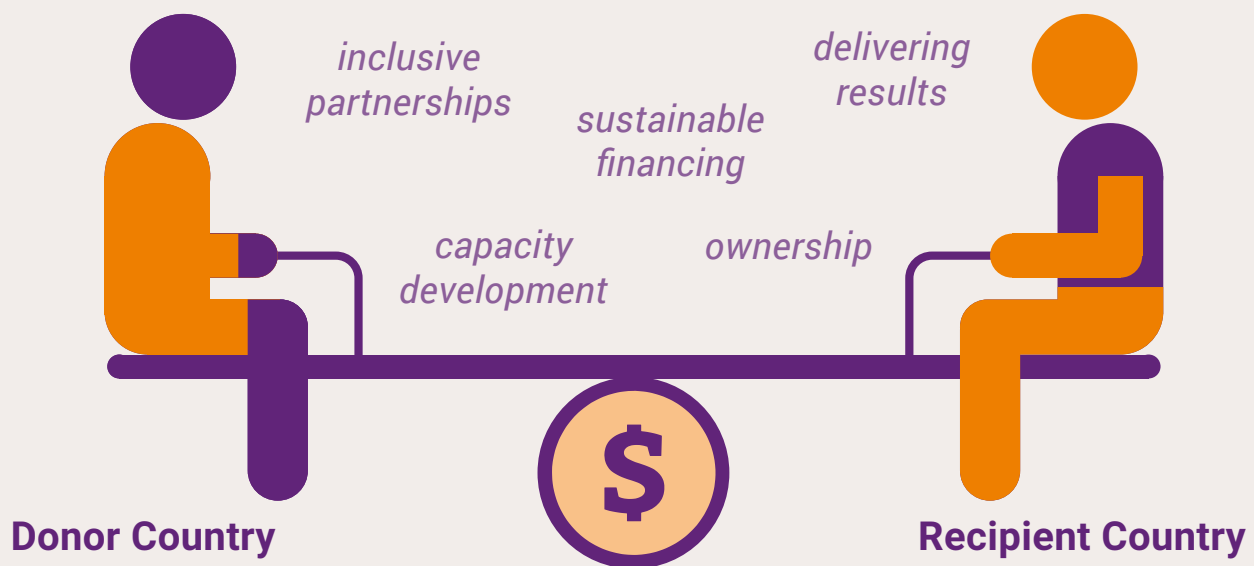
For any woman or young girl – aged 15 to 49 years old – to report that they have an unmet need means that they are fertile and sexually active but are *'not using any method of contraception, and not wanting any more children or wanting to delay the next child'*.²⁴

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BALANCING SHARED RESPONSIBILITY OF SRHR FUNDING

It is crucial to take a **holistic approach to the donor-LMIC funding relationship**. The success of development projects cannot simply be reduced to how much money is spent. It is **vital that there is a shared responsibility between those giving and those receiving**. Relationships between donor countries and LMICs, as well as with other multilateral aid agencies and donor partners, **need to be nurtured**. Central to these relationships is a **mutual level of respect and understanding** for what each stakeholder country – whether donor or recipient – brings to the table and how best their contribution can fulfil SRHR-related SDGs. The aim is for this relationship to lead to **sustainable financing**,²⁵ where these SRHR programmes will remain long after donor funding has ended because the LMIC has made legislative and policy changes to fund these programs independently of donor contributions.

THERE SHOULD BE GREATER EMPHASIS ON A SHARED RESPONSIBILITY BETWEEN RECIPIENT COUNTRIES AND DONOR COUNTRIES



Despite impressive gains in the past decade, approximately 218 million women in low- and middle-income countries who want to avoid getting pregnant are not using a modern contraceptive method. FP2030 believes that access to voluntary, rights-based family planning is one of the best ways to protect the health and lives of mothers, infants, and children. Increasing access is paramount and requires prioritising SRHR funding the budgets of donor countries' development aid budget."

Dr. Samukeliso Dube
Executive Director, FP2030

WHO ARE THE PLAYERS?

RECIPIENT COUNTRIES

Every three years, the OECD-DAC identifies recipient countries.²⁶ This list of recipient countries covers a range of LMICs and most importantly, underscores their real need for financial development aid. Whilst there are multiple ways that recipient countries can receive development aid, the **chief issue is that they are not receiving enough development aid for SRHR**.

MULTILATERAL AGENCIES + DONOR PARTNERS

World Health Organization (WHO)

Within WHO, the Department of Sexual and Reproductive Health and Research (SRH) includes the UNDP—UNFPA—UNICEF—WHO—World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP). The SRH department and special programme (HRP) provide leadership on matters critical to sexual and reproductive health.

Bill and Melinda Gates Foundation (BMGF)

A philanthropic organisation that focuses on multiple ways to resolve health crises throughout the world. They are dedicated to closing the gap on access to modern contraceptive methods and family planning services, so that women and girls can decide on whether they want to have children, when, and how many.

FP 2030

The only global partnership that focuses on family planning. It builds on the work from FP2020 and aims to partner with any country or organisation which wishes to commit to advancing rights-based family planning.

International Planned Parenthood Federation (IPPF)

An organisation which is a leading global advocate of SRHR for all. IPPF works on multiple issues, from sex education to safe abortions as well as maternal care and responding to humanitarian crises.

United Nations

Population Fund Supplies (UNFPA Supplies)

UNFPA is the UN's sexual and reproductive health agency. In 2008, UNFPA Supplies – a partnership of national governments, donors, NGOs, civil society, and other international organisations was launched as a thematic fund of UNFPA. UNFPA Supplies delivers a choice of modern contraceptives and life-saving maternal health medicines to adolescents and young women who are in dire need.

RESOURCE FLOWS IN DAC STATISTICS - THE GLOBAL PICTURE

MULTILATERAL AGENCIES + OTHER ACTORS

United Nations Population Fund (UNFPA)	World Health Organization (WHO)	Global Alliance for Vaccines and Immunisation (GAVI)	Global Fund to Fight Aids, TB and Malaria	
International Development Association (IDA)	World Food Programme (WFP)	Asian Development Bank (ADB)	United Nations Children's Fund (UNICEF)	Global Financing Facility (GFF)
United Nations Relief and Works Agency (UNRWA)	United Nations Programme on HIV/AIDS (UNAIDS)	African Development Fund (ADF)	International Planned Parenthood Federation (IPPF)	

DONOR COUNTRIES

Multilateral aid

Bilateral aid

RECIPIENT COUNTRIES

DONOR PARTNERS

Bill and Melinda Gates Foundation (BMGF)

Family Planning 2030 (FP2030)

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DONOR COUNTRIES

According to the OECD-DAC, there are 30 countries – **across North America, Europe, Asia and the Pacific** – which form the donor countries in this report. The OECD-DAC has emerged from multiple formats that began with the Development Assistance Group created in 1960.²⁷

Crucially, **these donor countries have committed to contribute 0.7% of their gross national income (GNI) to LMICs** through the funding mechanism of **official development assistance (ODA)**. Importantly, **not all ODA is spent on SRHR programmes**. Thus, there is a **goal** – as stated at IPCI in 2002 – that **at least 10% of ODA is dedicated to SRHR**. This is an important goal because it was formed through a global political consensus across all political parties and is **assessment of effort, not wealth**. In other words, it does not matter that some donor countries have a lower GNI, as it is about the ratio of their ODA to GNI and then SRHR to ODA.

Sadly, whilst many of the donor countries are meeting or closing in on this 0.7% target, **this goal of 10% dedicated to SRHR has fallen behind**. As a result, the current funding is manifestly unable to match the SRHR demands in LMICs.

COMPARING THE REGIONS OF NORTH AMERICA, THE EUROPEAN REGION AND THE PACIFIC

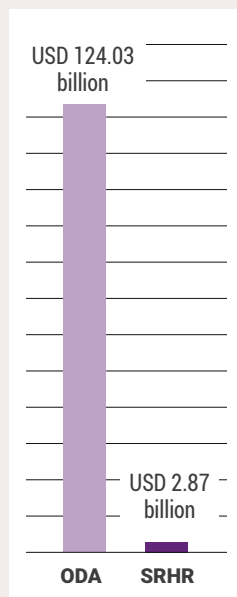
Combined ODA and combined SRHR for the regions in 2020.



NORTH AMERICA



THE EUROPEAN REGION



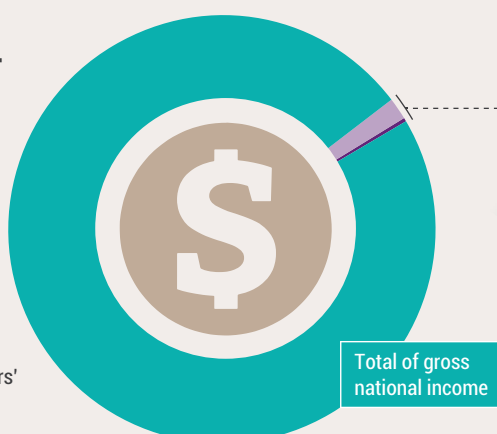
ASIA AND THE PACIFIC



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DONORS' COMMITMENT TO LOW- AND MIDDLE-INCOME COUNTRIES, STATED AT IPCI IN 2002

Share of the 10% goal dedicated to SRHR in proportion to the donors' GNI and their 0.7% commitment to ODA.



Committed contribution of 0.7% of their total gross national income to LMICs

10% that should be dedicated to SRHR (i.e. 0.07% of the GNI)

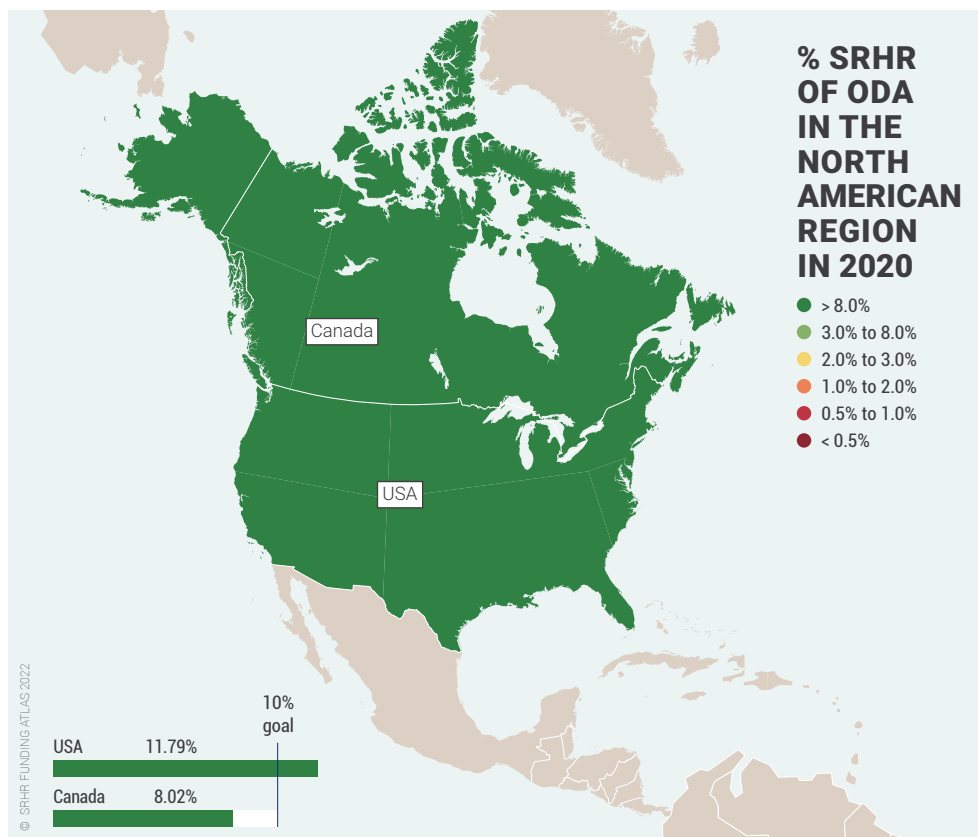
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THE DONORS

NORTH AMERICA

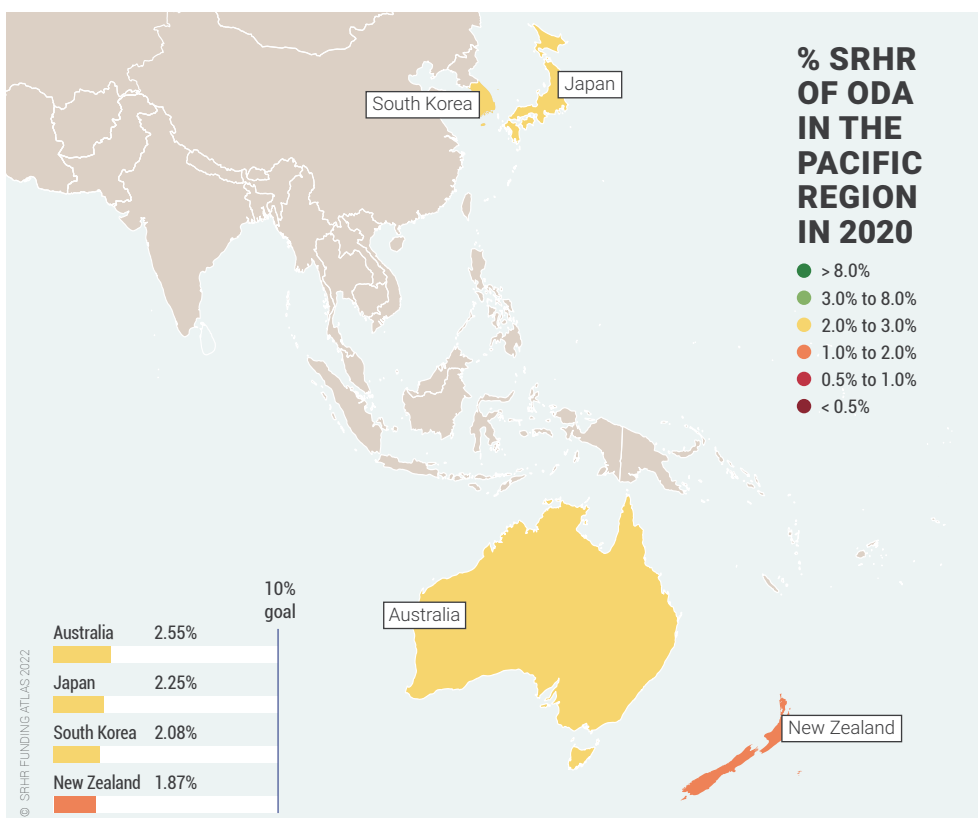
The **US is the largest donor country** with having an ODA of approximately USD 35.4 billion in 2020. **However, this ODA is low** when taking into consideration it is **only 0.17% of the GNI**, well short of the UN 0.7% goal. There has been a push by the Biden Administration to increase its ODA by 15% more than its 2021 levels. If this can happen, and the USA continue their current disbursement of 11% to SRHR, then this will cement their status as the n°1 in the donor ranking.

Canada has taken a greater step forward in ODA, however, its **ODA remains at 0.31% of GNI**. That being said, Canada has **prioritised SRHR in its ODA** commitments and remains second only to the USA.



AUSTRALIA, JAPAN, NEW ZEALAND, SOUTH KOREA

Australia, Japan, New Zealand, and South Korea have all slightly increased their ODAs to **0.21%, 0.31%, 0.26% and 0.14%** of their respective GNIs. Whilst the direction in funding is positive, there **remains much work to be done for all four countries**. Especially when taking into consideration that their respective contributions to SRHR, FP, and RMNCAH **all remain below 3%**.



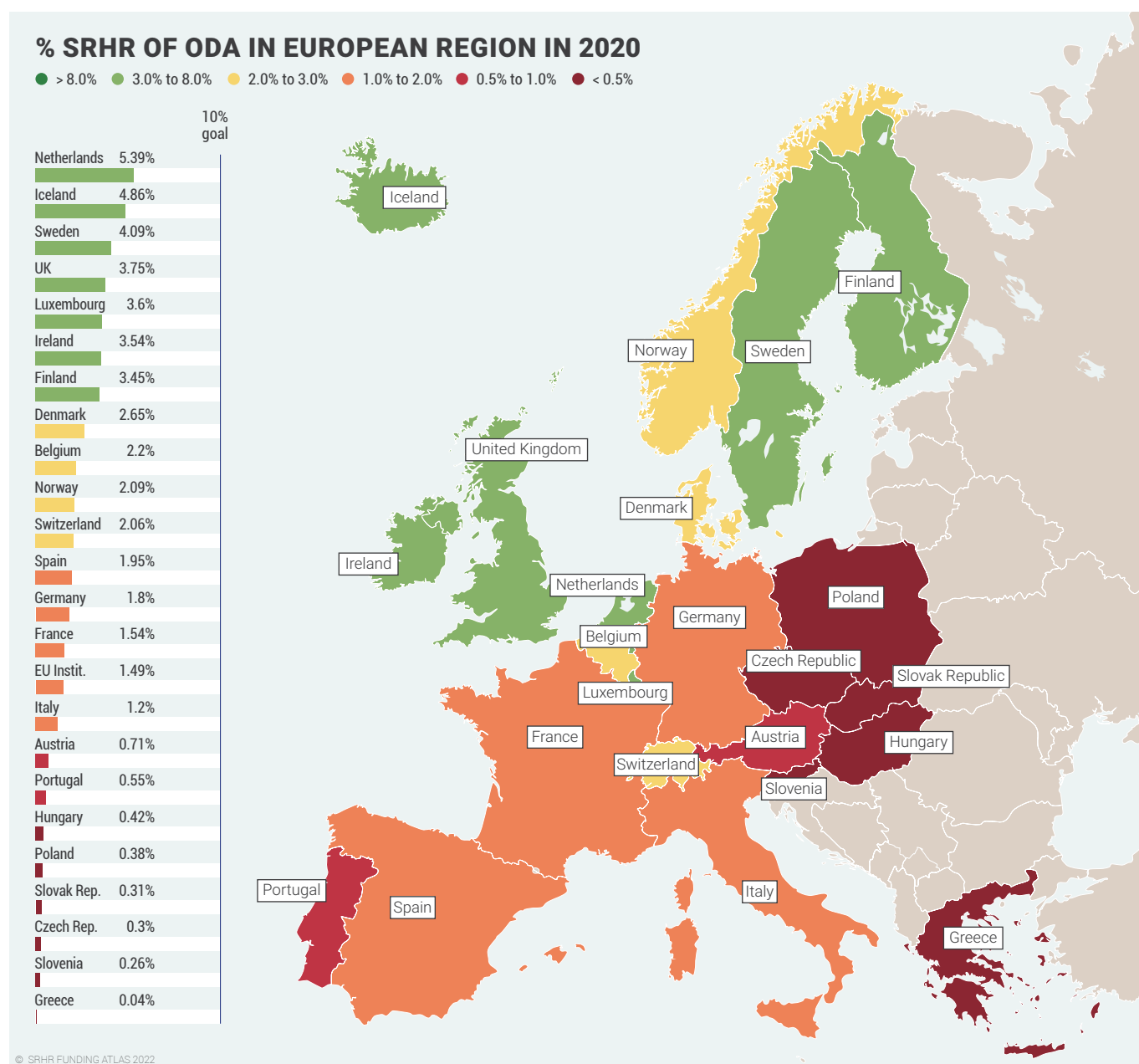
THE DONORS

EUROPE

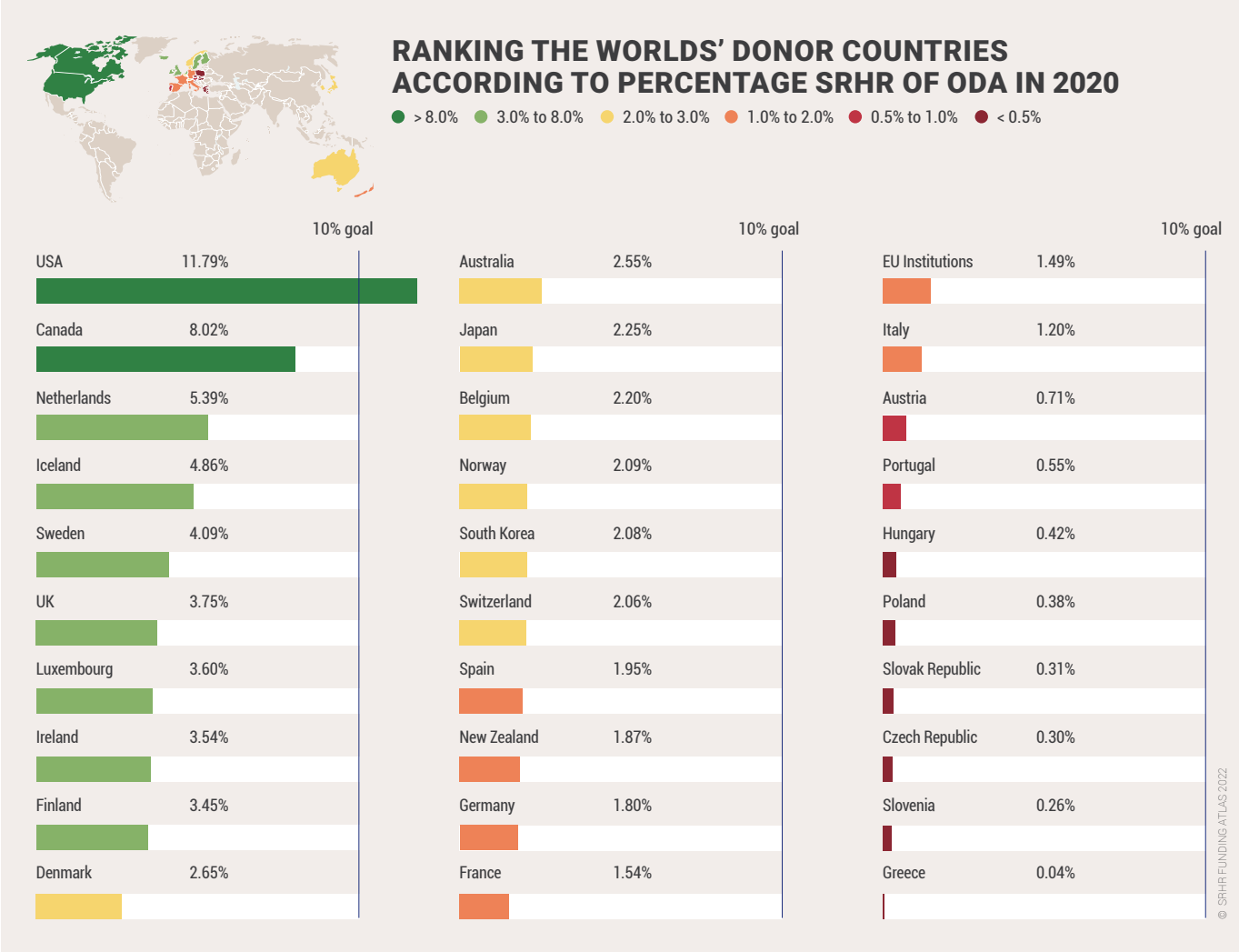
The European region – **23 countries plus the combined investment from the EU** as an individual donor – is the **largest contributor to ODA**. It accounts for 68% of global ODA. However, **not one donor country in this region has met its 10% SRHR target**.

That being said, **7 countries stand out with at least 3% on SRHR** (in order of highest to lower): Netherlands, Iceland, Sweden, UK, Luxembourg, Ireland, and Finland. Interestingly, **all of these countries have low to medium GNIs, except for the UK**. This is **surprising given the large economies of France, Germany, the EU, Italy, and Spain** which **give less than 2% to SRHR**.

The **worst performing** donor countries contribute as little as **0.5% to SRHR**. These 6 countries (in order from highest to lowest) are: **Hungary, Poland, Slovak Republic, Czech Republic, Slovenia, and Greece**.



THE DONORS



“

(Remarks made at Wadadli Action Platform, 9 August 2022)



The evidence is clear, access to sexual and reproductive health is a precondition for women and girls to take control of their bodies and lives, and chart their own destiny.”

Dr. Natalia Kanem,
Executive Director, UNFPA

THE DONORS

USA – GLOBAL SRHR CHAMPION?

It is difficult to conceptualise the tracking of SRHR contributions made by the USA. On the one hand, the USA is the world's largest provider of ODA in terms of the amount of money it donates.²⁸ On the other hand, this amount translates to only 0.17% of its GNI. Looking at its SRHR contribution, the USA is the largest donor to SRHR both in fulfilling its 10% SRHR goal and the amount of money given. When delving deeper into this statistic, it means that the USA is an SRHR champion in terms of prioritising SRHR in its ODA, however, the USA is one of the worst performers in its overall % of ODA. In other words, the positive effect

of the USA fulfilling the 10% SRHR goal, is significantly minimised when taking into consideration that the amount available for SRHR funding is from a very small pot of ODA.

Another concern is the politicisation of SRHR issues in the USA, as there are prohibitions on funding certain FP and RMNCAH programmes due to the enforcement of the Helms Amendment and the fluctuating adoption of the Global Gag Rule.²⁹ Consequently, this political context serves as a reminder of which SRHR programmes the US funds. Namely, that USA SRHR funding is dedicated to an integrated package of HIV/

AIDS with FP.³⁰ As a result, many elements of FP – such as a wider range of contraceptive methods and maternal health care that is not related to HIV issues need to be funded/provided for via other channels that are not connected to this initial SRHR funding.³¹ It is important to recognise that to be a Champion for SRHR requires championing all services, especially those which prioritise women and girls. Within his first term in office, President Biden has taken steps to increase the USA's ODA.³² Time will tell how this will affect not only the US' donor ranking for SRHR but also whether these funds will be invested into FP and RMNCAH programmes.



Prioritising SRHR funding within development aid not only empowers women and girls. The whole society stands to gain. When girls and women can study, participate in society, be less dependent then we can empower communities. It is a weapon against poverty, hunger, sexual violence and the dreamed lever for economic growth. It creates a safer and more peaceful society.”

Hon. Goedele Liekens, MP,
EPF Executive Committee Member

HOW MUCH DOES SRHR REALLY COST?

It is estimated to cost approximately USD 69 billion per year or **an annual USD 10.60 per person in LMICs** to satisfy the unmet need for modern contraception, MNC, abortion services, and treatment for major curable STIs.³³ This is an 83% increase in the current amount given to these services, however, **this amounts to only an increase of USD 4.80 per person per year.**³⁴ For adolescent women, it requires **only USD 1 per year per young woman** to have her SRHR needs met. This translates to increasing current donor spending by **only USD 0.59 per young girl per year.**³⁵

THIS MEANS THAT...

...A DAILY COFFEE...



...IS 1 PERSON'S ACCESS TO FP



THIS ALSO WOULD MEAN THAT...



... REAL MADRID'S GROSS ANNUAL SALARY³⁶ ...



... LUXURY BRAND MOËT HENNESSY LOUIS VUITTON (LMVH) GENERATES ENOUGH REVENUE FROM THEIR WINE AND SPIRITS³⁷ ...



... LVMH GENERATES ENOUGH REVENUE FROM THEIR PERFUME SALES³⁸ ...



... TO VACCINATE APPROXIMATELY 540 MILLION PEOPLE AGAINST HPV



... COULD PAY FOR APPROXIMATELY 63 MILLION WOMEN TO HAVE ACCESS TO CONTRACEPTION FOR A YEAR



... THAT COULD HELP APPROXIMATELY 608 MILLION WOMEN ACCESS ESSENTIAL MATERNAL HEALTHCARE SERVICES

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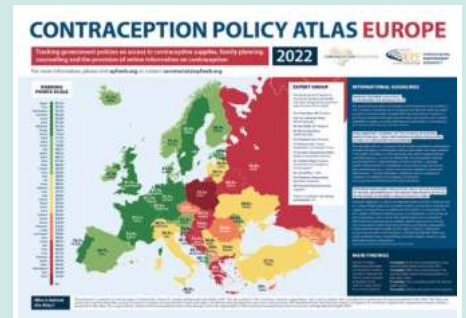


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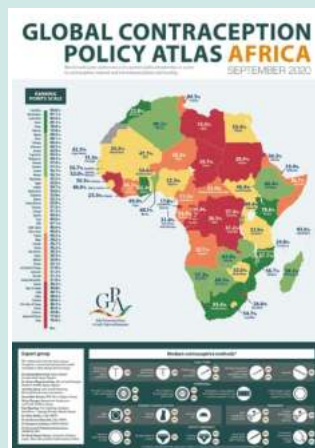
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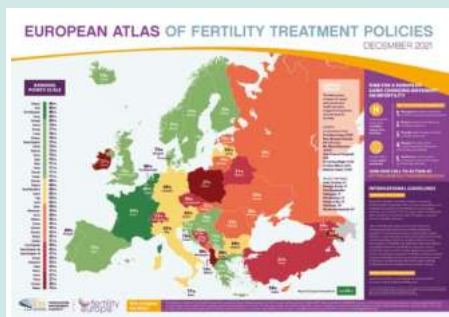
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